

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/701210

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1	X	X
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		2		1
12		1		2		1
13		1		1		1
14		1		1		1
15		1		2		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		2		2		1
25		2		2		1
26		2		2		1
27		1		2		1
28		1		2		1
29		1		2		1
30		1		1		1
31		1		1		1
32		1		1		1
33	1		1		1	
34		1		1		1
35		1		1		1
36	1		1		1	
37		1		1		1
38		1		4		4
39		1		4		1
40		1		4		1
41		1		4		1
42		1		4		1
43		1		4		1
44		3		3		3
45		11		1		1
46		11		1		1
47					1	
48						1
49						
50						
TOTAL IND.		3		4		4
TOTAL DEP.		72		48		4
TOTAL CLAIMS		75		52		8

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-8631

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